

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Do ket Number	1065.26(B)
	First Named Inventor	Ricci, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Orthopedic Implants having Ordered Microgeometric
Surface Patterns.

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 5] 5

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

We hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph 35 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Parent Application of PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Status
09/500,038	12/08/00	Pending.
08/996,244	12/22/97	Abandoned.
08/639,712	04/29/96	Abandoned.
08390,805	02/15/95	Abandoned.
08/146,790	11/02/93	Abandoned.

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto/

As named inventors, we hereby appoint the following registered practitioner(s) to prosecute this application ant to transact all business in the Patent and Trademark Office connected herewith: ☐ Customer No.

Place Customer Number Bar Code label here.

OR
☒ Registered practitioner(s) number listed below

Name	Registration Number.
Melvin K. Silverman	26,234

DECLARATION— Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number
or Bar Code LabelOR ☐

Correspondence address below

Name Melvin K. Silverman

PATENT, TRADEMARK OFFICE

Address 4901 North Federal Highway

Address Suite 440

City Ft. Lauderdale

State FL

ZIP 33308

Country U.S.A.

Telephone (954) 492-0071

Fax (954) 492-0087

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name John
(first and middle [if any])Family Name Ricci
or SurnameInventor's
Signature 

Date

2/7/01

Residence: City Middleton

State NJ

Country U.S.

Citizenship U.S.

Mailing Address 46 Verдум Place

Mailing Address

City Middleton

State NJ

ZIP 07748

Country U.S.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Harold
(first and middle [if any])Family Name Alexander
or SurnameInventor's
Signature 

Date

2/7/01

Residence: City Short Hills

State NJ

Country U.S.

Citizenship U.S.

Mailing Address 47 Elmwood Place

Mailing Address

City Short Hills

State NJ


ZIP 07078

Country U.S.

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

XXXXXX

Page 3 of 5

Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0331-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

THIRD
NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

Harriet

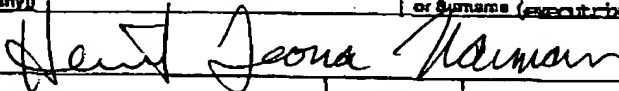
Family Name

Naiman

(first and middle (if any))

(last name) (except for Charles Naiman)

Inventor's Signature



Date 2/1/01

Residence: City

Brookline

State MA

Country U.S.

Citizenship U.S.

Mailing Address

150 Lancaster Avenue

Mailing Address

City

Brookline

State MA

ZIP

02746

Country U.S.A.

FOURTH
NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

Bruce L.

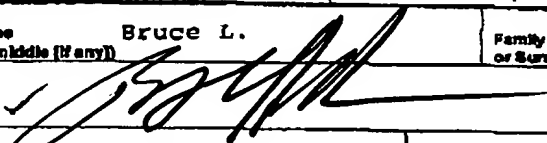
Family Name

Hollander

(first and middle (if any))

(last name)

Inventor's Signature



Date 2/8/01

Residence: City

Boca Raton

State FL

Country U.S.

Citizenship U.S.

Mailing Address

312 South Military Trail

Mailing Address

City

Boca Raton

State FL

ZIP

33442

Country U.S.A.

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

XXXXXX

Page 4 of 5

Best Available Copy

Please type a plus sign (+) inside



Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Ingo

Family Name
or Surname

Kozak

Inventor's
Signature

Date

2/8/01

Residence: City

Atlanta

State FL

Country

U.S.

Citizenship

U.S.

Mailing Address

312 South Military Trail

Mailing Address

City

Deerfield
Beach

State

FL

ZIP

33442

Country

U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

XP0062X02